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7590

07/08/2004

FAY, SHARPE, FAGAN
 MINNICH & McKEE, LLP
 Seventh Floor
 1100 Superior Avenue
 Cleveland, OH 44114



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Hilary M. McNULTY	(Depositor's name)
<i>Hilary M. McNulty</i>	(Signature)
September 28, 2004	(Date)

10/04/2004 LWONDIM2 00000076 09778286	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/778,286	James C. Hlebovy	MED 21192 US	8695

TITLE OF INVENTION: DEVICE SUPPORT ACTIVATION SYSTEM

10/04/2004 LWONDIM2 00000076 09778286

01 FC:1501 1330.00 OP
 02 FC:1504 300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS	10/04/2004 LWONDIM2 00000079 060308 09778286
MCKANE, ELIZABETH L	1744	422-028000	01 FC:8001 3.00 DA

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. FAY, SHARPE, FAGAN,
 2. MINNICH & McKEE, LLP
 3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

STERIS INC.

Temecula, CA US

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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- ☐ Advance Order - # of Copies One

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Date)

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